

828

1118

OMB No. 1545-1150

2012 2011

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning January 1, 2011, 2012, and ending December 31, 2011

- B Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Terminated
 - ☐ Amended return
 - ☐ Application pending

C Name of organization
Tiffany Nash for State Representative
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
261 View Point DR
City or town, state or country, and ZIP + 4
Richmond KY 40475

D Employer identification number
27-1852930
E Telephone number
859-626-1999
F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

I Website: _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☒ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	0
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0
	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
Net Assets	13	Professional fees and other payments to independent contractors	13	33.80
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O)	16	0
	17	Total expenses. Add lines 10 through 16	17	33.80
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-33.80
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	33.80
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0

RECEIVED
MAY 22 2013
BANK SERVICE, LLC
OGDEN, UT

0423235286ANNEXED JUN 20 2013 599096

4 65

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	33.80	0
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	Total assets	33.80	0
26	Total liabilities (describe in Schedule O)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	33.80	0

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? to support candidate's campaign

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ►	32

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Nancy Wigan</u> Telephone no. ▶ <u>859-382-</u>		
Located at ▶ <u>221 Ruth Drive, Richmond, KY 40475</u> ZIP + 4 ▶ <u>40475</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I *not in 2011*

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Tiffany M Nash
Signature of officer

5/17/2013
Date

Tiffany M Nash, former candidate
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No



Department of Treasury
Internal Revenue Service
Ogden UT 84201-0016

Notice	CP259H
Tax period	December 31, 2011
Notice date	April 22, 2013
Employer ID number	27-1852930

Page 3 of 4

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0016



108796

023



MAY 28 2013

RECEIVED ENTITY DEPT

Fold here

Response form

Complete both sides of this form, and send it to us along with your Form 990/990-EZ in the enclosed envelope. Be sure our address shows through the window.

If you are only sending us your completed Response form, you may fax it to us at 1-801-620-3253 (not a toll-free number).

Provide your contact information

If your address has changed, please make the changes below.

TIFFANY NASH FOR STATE
% TIFFANY NASH
261 VIEW POINT DR
RICHMOND KY 40475

859-626-1999

Primary Phone

Best time to call

☐ a.m.
☐ p.m.

859-5827667

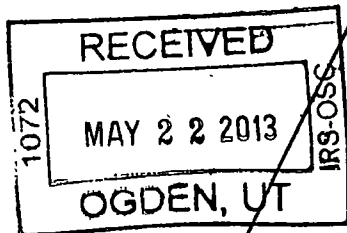
Secondary Phone

Best time to call

☐ a.m.
☐ p.m.

1. Indicate whether any of the following circumstances apply to you

If you already filed a Form 990/990EZ



☐ I already filed my tax return for December 31, 2011, and I am enclosing a signed and dated copy of the return (or confirmation of electronic filing) as verification.

Name(s) shown on return

Employer Identification number (EIN) listed on the return

Is this EIN different from the one on this notice? ☐ Yes ☐ No

Form(s) filed

Tax period(s) ending date

Date tax return was filed

If you are filing late

☒ I'm enclosing a signed and dated copy of my December 31, 2011 return (plus any schedules and attachments).

Explain why you are filing late.

My campaign ended on November 2, 2010. I did not raise any money in 2011. The only expenditures I had in 2011 were bank fees until the account was closed with a \$0 balance in April 2011. I have attached a 990EZ and request that my campaign account be closed. Thank you.

Please note that I attempted to print a 990EZ for TY 2011 but the link on the IRS.gov website for that form did not work.

Continued on back.

Notice	CP259H
Tax period	December 31, 2011
Notice date	April 22, 2013
Employer ID number	27-1852930

Page 4 of 4

Indicate whether any of the following
circumstances apply to you - **continued**

**If you don't think you have to file Form
990 or 990-EZ for December 31, 2011**

Explain why you don't think you are required to file a Form 990 or Form 990-EZ for
December 31, 2011.

- ☐ My organization's gross receipts are less than \$25,000.
- ☒ My organization is a Qualified State or Local Political Organization and its gross
receipts are less than \$100,000.
- ☒ My organization ceased operations as of: 11/30/2010, and filed a Final Form
8871 on _____ (date of filing).
- ☐ Other reason for not filing (explain below; attach additional sheets if necessary)

**2. Please sign and send this form
to us**

Under penalties of perjury, to the best of my knowledge, the information in this form is
correct and complete.

<u><i>Jeffery Nash</i></u>	<u>former</u> <u>Candidate</u>	<u>5/17/13</u>
Signature	Title	Date

Not Mailed Due To Inactivity



JPMorgan Chase Bank, N.A.
P O Box 659754
San Antonio, TX 78265 - 9754

January 01, 2011 through January 31, 2011

Account Number 000000869599159

CUSTOMER SERVICE INFORMATION

Web site	Chase.com
Service Center	1-800-242-7338
Hearing Impaired	1-800-242-7383
Para Espanol	1-888-622-4273
International Calls	1-713-262-1679

00001654 DRE 034 081 03211 - NNNNNNNNNN 1 000000000 63 0000
CAMPAIGN FUND OF TIFFANY NASH
261 VIEW POINT DR
RICHMOND KY 40475-8228



0001654010100000021

CHECKING SUMMARY

Chase BusinessClassic

	INSTANCES	AMOUNT
Beginning Balance		\$33.80
Ending Balance	0	\$33.80

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS	AMOUNT
Checks Paid / Debits	0	
Deposits / Credits	0	
Deposited Items	0	
Transaction Total	0	
SERVICE FEE CALCULATION		
Service Fee		\$0.00
Service Fee Credit		\$0.00
Net Service Fee		\$0.00
Excessive Transaction Fees (Above 200)		\$0.00
Total Service Fees		\$0.00



JPMorgan Chase Bank, N.A.
P O Box 659754
San Antonio, TX 78265-9754

February 01, 2011 through February 28, 2011

Account Number 000000869599159

00015339 DRE 034 141 06011 - NNNNNNNNNN T 1 00000000 63 0000
CAMPAIGN FUND OF TIFFANY NASH
261 VIEW POINT DR
RICHMOND KY 40475-8228

CUSTOMER SERVICE INFORMATION

Web site Chase.com
Service Center 1-800-242-7338
Hearing Impaired 1-800-242-7383
Para Espanol 1-888-622-4273
International Calls 1-713-262-1679



CHECKING SUMMARY

Chase BusinessClassic

	INSTANCES	AMOUNT
Beginning Balance		\$33.80
Fees and Other Withdrawals	1	- 12 00
Ending Balance	1	\$21.80

FEES AND OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/28	Service Fee	\$12 00
Total Fees & Other Withdrawals		\$12.00

You can waive the monthly service fee on your Chase BusinessClassic account by maintaining an average checking balance of \$5,000 or more during the statement period, linking this account to a qualifying Chase personal checking account or active Chase Business Credit Card, or conducting at least 5 debit card purchases each statement period. If you would like to understand more about your options, please visit any branch or call the number listed on this statement.

DAILY ENDING BALANCE

DATE	AMOUNT
02/28	\$21 80

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	0
Deposits / Credits	0
Deposited Items	0
Transaction Total	0

SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$12 00
Service Fee Credit	\$0 00
Net Service Fee	\$12.00



February 01, 2011 through February 28, 2011
Account Number 000000869599159

SERVICE CHARGE SUMMARY (continued)

SERVICE FEE CALCULATION	AMOUNT
Excessive Transaction Fees (Above 0)	\$0.00
Total Service Fees	\$12.00





JPMorgan Chase Bank, N.A.
P O Box 659754
San Antonio, TX 78265 - 9754

March 01, 2011 through March 31, 2011
Account Number **000000869599159**

00021668 DRE 034 141 09111 - NNNNNNNNNNN T 1 00000000 63 0000
CAMPAIGN FUND OF TIFFANY NASH
261 VIEW POINT DR
RICHMOND KY 40475-8228

CUSTOMER SERVICE INFORMATION

Web site	Chase.com
Service Center	1-800-242-7338
Hearing Impaired	1-800-242-7383
Para Espanol	1-888-622-4273
International Calls	1-713-262-1679



CHECKING SUMMARY

Chase BusinessClassic

	INSTANCES	AMOUNT
Beginning Balance		\$21.80
Fees and Other Withdrawals	1	- 12 00
Ending Balance	1	\$9.80

FEES AND OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
03/31	Service Fee	\$12 00
Total Fees & Other Withdrawals		\$12.00

You can waive the monthly service fee on your Chase BusinessClassic account by maintaining an average checking balance of \$5,000 or more during the statement period, linking this account to a qualifying Chase personal checking account or active Chase Business Credit Card, or conducting at least 5 debit card purchases each statement period. If you would like to understand more about your options, please visit any branch or call the number listed on this statement.

DAILY ENDING BALANCE

DATE	AMOUNT
03/31	\$9.80

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	0
Deposits / Credits	0
Deposited Items	0
Transaction Total	0

SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$12 00
Service Fee Credit	\$0 00
Net Service Fee	\$12.00



March 01, 2011 through March 31, 2011
Account Number 000000869599159

SERVICE CHARGE SUMMARY (continued)

SERVICE FEE CALCULATION	AMOUNT
Excessive Transaction Fees (Above 0)	\$0.00
Total Service Fees	\$12.00





JPMorgan Chase Bank, N.A.
P.O. Box 659754
San Antonio, TX 78265-9754

April 01, 2011 through April 29, 2011
Account Number 000000869599159

00015982 DRE 034 141 12011 - NNNNNNNNNN T 1 000000000 63 0000
CAMPAIGN FUND OF TIFFANY NASH
261 VIEW POINT DR
RICHMOND KY 40475-8228

CUSTOMER SERVICE INFORMATION

Web site Chase.com
Service Center 1-800-242-7338
Hearing Impaired 1-800-242-7383
Para Espanol 1-888-622-4273
International Calls 1-713-262-1679



CHECKING SUMMARY

Chase BusinessClassic

	INSTANCES	AMOUNT
Beginning Balance		\$9.80
Fees and Other Withdrawals	1	- 9.80
Ending Balance	1	\$0.00

FEES AND OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
04/29	Service Fee	\$9.80
Total Fees & Other Withdrawals		\$9.80

You can waive the monthly service fee on your Chase BusinessClassic account by maintaining an average checking balance of \$5,000 or more during the statement period, linking this account to a qualifying Chase personal checking account or active Chase Business Credit Card, or conducting at least 5 debit card purchases each statement period. If you would like to understand more about your options, please visit any branch or call the number listed on this statement.

DAILY ENDING BALANCE

DATE	AMOUNT
04/29	\$0.00

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	0
Deposits / Credits	0
Deposited Items	0
Transaction Total	0

SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$9.80
Service Fee Credit	\$0.00
Net Service Fee	\$9.80



April 01, 2011 through April 29, 2011
Account Number 000000889599159

SERVICE CHARGE SUMMARY (continued)

SERVICE FEE CALCULATION	AMOUNT
Excessive Transaction Fees (Above 0)	\$0.00
Total Service Fees	\$9.80

